



LONE ROCK
RESOURCES

LONE ROCK TIMBER MANAGEMENT COMPANY
LONE ROCK LOGGING COMPANY
2323 OLD HIGHWAY 99 SOUTH
P.O. BOX 1127 – ROSEBURG, OR 97470 – PH. (541) 673-0141

APPLICATION FOR EMPLOYMENT

Applicants will receive consideration without discrimination because of race, religion, color, sex, age, national origin, marital or veteran status, the presence of non-job-related medical condition or disability or any other legally protected status.

If you need help to fill out this application or for any part of the interview or employment process, please notify Human Resources and every reasonable effort will be made to accommodate your needs.

Please print plainly. Answer all questions completely and accurately.
THIS APPLICATION IS ACTIVE FOR 90 DAYS

DATE _____

Name _____
LAST FIRST MIDDLE INITIAL

Present Mailing Address _____
STREET CITY STATE ZIP

How long have you lived at the above address? _____

Previous address _____
STREET CITY STATE ZIP

How long did you live there? _____ Are you at least 18 years of age? _____

Home Telephone _____ Business Telephone _____ Message Telephone _____

Position(s) applied for _____ Rate of pay expected \$ _____
(Be specific. Applications will not be accepted marked "open" or "any".) Date available to work _____

What experience do you have in this position?

What additional skills do you have that would make you more valuable in this position? _____

Will you work days? _____ Nights? _____ Weekends? _____ Rotating Shifts? _____
Overtime? _____ Temporary? _____ Full-Time? _____ Part-Time? _____

Can you, after employment, provide documented proof of your legal right to work and remain in the U.S.?
_____ Yes _____ No

Were you previously employed by us? _____ Yes _____ No

If previously employed by us, list date(s), department and title _____

RECORD OF EDUCATION

	Name & Address of school	Course of Study	Did you Graduate? (Do not list the dates you attended)	List Diploma or Degree
High				
College				
Other				

If in the service, with which branch did you serve? _____ Dates of duty: from _____ to _____
mm/dd/yyyy mm/dd/yyyy

Rank at discharge _____

List duties in the service including special training _____

Regarding the job for which you have applied, are you familiar with this job and do you understand the basic physical requirements needed to perform it? _____ Yes _____ No

Final appointment for any specific positions will be contingent upon the physical examination and a determination of whether any physical limitations can be accommodated.

If required to drive on the job, please answer the following questions:

Can provide a valid driver's license? _____ Yes _____ No

Is driver's license presently restricted, suspended or revoked? _____ Yes _____ NO

List any moving violations during the preceding 3 (three) years _____

Please list the name or names of individuals that referred you to this position _____

PERSONAL REFERENCES

Name and Occupation	Relationship	Address	Phone Number

List below ALL present and past employment, beginning with your most recent. (Attach separate sheet for additional employment). You must complete this section. A resume cannot be substituted.

From MO. ___ YR. ___ to MO. ___ YR. ___ Name of Employer _____

Street Address _____ City, State _____ Phone Number _____

Type of Business _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____

Job Title _____

Describe Job Duties

Supervisor's Name & Title _____ Reason for leaving _____

From MO. ___ YR. ___ to MO. ___ YR. ___ Name of Employer _____

Street Address _____ City, State _____ Phone Number _____

Type of Business _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____

Job Title _____

Describe Job Duties

Supervisor's Name & Title _____ Reason for leaving _____

From MO. ___ YR. ___ to MO. ___ YR. ___ Name of Employer _____

Street Address _____ City, State _____ Phone Number _____

Type of Business _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____

Job Title _____

Describe Job Duties

Supervisor's Name & Title _____ Reason for leaving _____

From MO. ___ YR. ___ to MO. ___ YR. ___ Name of Employer _____

Street Address _____ City, State _____ Phone Number _____

Type of Business _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____

Job Title _____

Describe Job Duties

Supervisor's Name & Title _____ Reason for leaving _____

May we contact all employers listed on this application _____ Yes _____ No

If not, indicate exceptions:

Employer _____ Reason _____

Any other Comments _____

AGREEMENT & RELEASE

PLEASE READ THE ENTIRE FOLLOWING SECTION BEFORE SIGNING

Then please initial each section indicating you have read that section. Also please sign this form at the bottom of the page.

WITH THIS APPLICATION BY MY SIGNATURE BELOW I AGREE TO ALL OF THE FOLLOWING TERMS:

1. I certify that the information I have provided on this Application Form and on my resume (if any) is true to the best of my knowledge. Regarding this application, I understand that if the Company determines that I have made any false oral or written statements or answers or any misrepresentations or any omission of significant information, the Company is entitled to reject my Application, or if hired, to terminate my employment. Applicants Initials _____
2. In the event I undergo a medical examination or evaluation as part of the job placement process of the Company I agree to supply only information which is true to the best of my knowledge. Regarding this examination or evaluation, I understand that if the Company determines that I have made any false oral or written statements or answers or any misrepresentation or any omission of significant information to the Company or the physician or to his or her representative, the Company is entitled to terminate my conditional or actual employment at any time. Applicants Initials _____
3. I authorized any person, school, current employer, past employer, physician or organization with knowledge of me or my work to provide the Company or its agent or representative with any information or opinion about me in the response to an inquiry by the Company. I release any such person, employer, physician or organization from any legal liability in making such statements or furnishing any and all information to the Company or its representative or agent. Applicants Initials _____
4. I authorize the Company or its agent or representative to check references regarding my employment and investigate any of the statements or answers provided by me on this Application or made to a physician or his or representative(in the event of a medical examination or evaluation). The only exception to this authorization is where I have specifically requested in writing on the Application Form on the date below that no such inquiry be made. Applicants Initials _____
5. I understand that my employment at this Company is on an "at will" (that is, mutual consent) basis. Therefore I agree that either I or the Company has the proper right to terminate my employment with or without cause at any time. Applicants Initials _____
6. I understand that before any offer of employment can be extended I will be required to undergo a drug screening test at the Company's expense for the purpose of detecting illegal drugs. If illegal drugs are found in my system, I will not be extended an offer of employment, or if a conditional offer of employment has been extended, it will be withdrawn. I further understand that the use of illegal drugs is prohibited during my employment with the Company and I am willing to submit to drug testing to detect the use of illegal drugs during the length of my employment. Applicants Initials _____

I have read and understood, and I agree to this entire section above entitled AGREEMENT & RELEASE.

Signature _____ Date _____